



## PATIENT

Kimble Domico

## SPECIES

Canine

## BREED

Terrier X

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

30 Pounds

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Amanda Hartman,  
DVM

## HOSPITAL NAME

White Hall AC

## REFERRING VET

Amanda Hartman,  
DVM

## INVOICE

35933

## DATE

2/20/26

## PRESENTING CLINICAL SIGNS

Presented 2/13 for painful abdomen, vomiting and diarrhea, history of pancreatitis; Pancreatitis test negative, CBC and Chem normal, but ALT and ALP slightly elevated.

Abnormal PE/Chem/CBC/UA Results: ALT 203; ALP 1477 Recommended AUS-- huge L adrenal mass found- rec CT with Met check BP normal at 118 systolic repeatably. Sent home with Cerenia and buprenorphine; abdomen CT for surgical evaluation/prognosis/options; Thorax for met check.

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the thorax and abdomen is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

### Abdomen

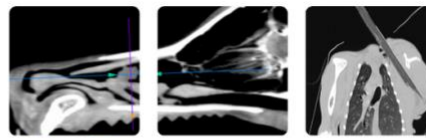
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Originating from the left adrenal gland an ovoid shaped, soft tissue attenuating mass with sporadic interspersed punctuate mineralization is seen, measuring approximately 3.3 x 3.2 x 3.3 cm. The caudolateral aspect of the left adrenal gland presents disintegration of the capsule and fluid attenuating material is extending from the mass into the adjacent retroperitoneal space. The left renal artery & vein are deviated caudally by the mass effect.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.



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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

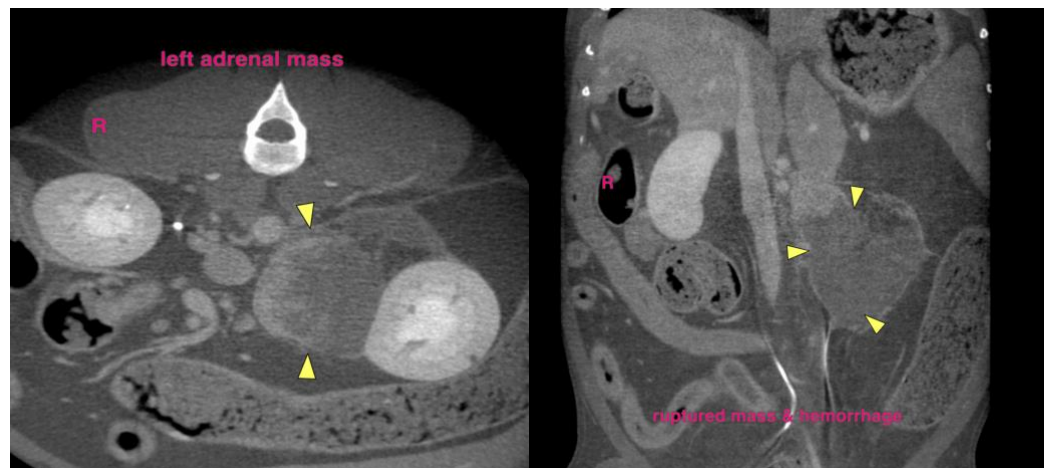
Both femoral heads are absent and the femora in a relative proximal position. The acetabular groove bilaterally is filled with osseous material.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Rupture left adrenal soft tissue mass with dystrophic mineralization and no evidence of vascular invasion
- History of bilateral femoral head ostectomy
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of left adrenal soft tissue mass – consistent with primary adrenal neoplasia such as adenocarcinoma, adenoma or pheochromocytoma. Acute rupture of the left adrenal mass and secondary retroperitoneal hemorrhage is a possible cause for the described acute clinical signs. Surgical management is the therapy of choice; be aware of the left renal vessels are coursing along the caudal aspect of the mass/hematoma.



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Sebastian Schaub**, DVM, Dr. med. vet. DipECVCI  
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